

"EXHIBIT A"

CONTRACTOR STATUS FORM
(To Be Completed By All Bidders & Service Providers)

Place a CHECK MARK in the appropriate space to indicate the category in which certification has been obtained from the Human Rights Department of the City of Detroit. In the appropriate space, indicate the date on which the certification was issued.

MBE _____
Date

WBE _____
Date

Exhibit "B"
MWBE SUBCONTRACTOR DATA FORM

PROJECT NAME

PURCHASING DIVISION FILE NO

PRIME CONTRACTOR/PROFESSIONAL SERVICE PROVIDER NAME

CONTACT PERSON NAME/TITLE

CONTACT PERSON'S SIGNATURE & TELEPHONE NUMBER

INSTRUCTIONS:

EACH SUBCONTRACTOR OR PROFESSIONAL SERVICE PROVIDER IDENTIFIED BELOW SHALL BE CERTIFIED BY THE HUMAN RIGHTS DEPARTMENT OR ACCEPTABLE ENTITY, AS APPROVED BY THE HUMAN RIGHTS DEPARTMENT. EACH PRIME CONTRACTOR/PROFESSIONAL SERVICE PROVIDER SHALL COMPLETE, SIGN AND SUBMIT THIS FORM WITH THEIR BID. ANY CHANGES AFTER SUBMISSION REQUIRE THE APPROVAL OF THE PURCHASING DIRECTOR.

FAILURE TO COMPLY WITH THESE INSTRUCTIONS MAY RESULT IN DISQUALIFICATION OF THE BID.

1. _____
MWBE NAME ADDRESS

SCOPE OF WORK

SUBCONTRACT AMOUNT \$ SUBCONTRACT PERCENTAGE OF TOTAL CONTRACT %

MWBE CONTACT PERSON'S SIGNATURE TELEPHONE NO:

DATE: / /

2. _____
MWBE NAME ADDRESS

SCOPE OF WORK

SUBCONTRACT AMOUNT \$ SUBCONTRACT PERCENTAGE OF TOTAL CONTRACT %

MWBE CONTACT PERSON'S SIGNATURE TELEPHONE NO:

DATE: / /

3. _____

MWBE NAME ADDRESS

SCOPE OF WORK

SUBCONTRACT AMOUNT \$ SUBCONTRACT PERCENTAGE OF TOTAL CONTRACT %

MWBE CONTACT PERSON'S SIGNATURE TELEPHONE NO:

DATE: / /

PRIME CONTRACT TOTAL: \$
AGGREGATE SUBCONTRACT PERCENTAGE:

%

SUBCONTRACT TOTAL(S): \$